

**PLEASE NOTE: ATTACHED ELA SCREEN SHOTS WILL BE UPDATED
TO REFLECT RECENT FORMS CHANGES ONCE APPROVED FOR USE.**

- Add optional fields for Veteran Status, Gender, Race, and Ethnicity data.
- Instead of requesting that loan applicants submit Form 4506T, Tax Information Authorization, applicants will be asked to submit Form 4506C, Request for Transcript of Tax Return.
- Update references to “active duty” to “active service” as required by section 877 of the National Defense Authorization Act for Fiscal Year 2020 (Pub. L. 116-92, December 20, 2019).
- Update the nondiscrimination certification to include gender identity and sexual orientation, in accordance with Executive Order 13988.
- Revise the question about receiving additional information regarding mitigation measures to opt-out rather than opt-in.
- SBA has revised the question “Has the business or a listed owner ever been involved in a bankruptcy or insolvency proceeding?” to “Has the business or a listed owner filed bankruptcy in the past 2 years?” This change aligns this application with the Home Loan/Sole Proprietor Application (SBA Form 5C) and reduces the burden on the applicant and SBA.



Disaster Loan Assistance

Federal Disaster Loans for Businesses, Private Nonprofits, Homeowners, and Renters

Application Number: 4000001255



Application Information

Primary Applicant Information

INFORMATION ABOUT THE APPLICANT

Copy User Registration Information

* First Name

Middle Name

* Last Name

Suffix:

* Date of Birth

* Social Security Number

* Marital Status Married
 Not Married

* Are you a U.S. Citizen? Yes
 No

* Are you an SBA Employee? Yes
 No

* Household Size

* Do you own more than 50% or are you a Managing Member or General Partner of a corporation, partnership, limited partnership, or LLC? Yes
 No

CONTACT INFORMATION

* Preferred Contact Method

Email Address

Cell Phone

Home Phone

Work Phone

Closest Relative Not Living with You:

Name

Phone

MAILING ADDRESS

* Address

* Zip * City * State County

INCOME INFORMATION

Employed Unemployed Self Employed Retired Employer Name

Employer Phone Number

* Total Annual Income (before deductions)

Notes: Include all recurring income from all sources such as employment, self-employment, part-time work, social security, retirement income, disability income, interest income, child support, alimony, etc.
Do not include one-time or non-recurring income.

[Add Joint Applicant](#)

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Disaster Loan Assistance

Federal Disaster Loans for Businesses, Private Nonprofits, Homeowners, and Renters

Application Number: 400001255



Application Information



Damaged Properties



Debts & Assets



Disclosures



Consent



Additional Comments



Affiliated Businesses

Damaged Properties

Damaged Property Information

DAMAGED PROPERTY ADDRESS

Same as primary applicant mailing address

* Address

* Zip * City * State * County

DAMAGED PROPERTY INFORMATION

* Do you own or rent this property?
 Own
 Rent

* Is this property your Primary Residence?
 Yes
 No

If No, please select from the list below
 Vacation/secondary home
 I own the property but a family member/friend lives in the property
 Rental/Business Property

INSURANCE INFORMATION

Homeowner's Flood Automobile Renter's No Insurance Other (describe)

* Policy Type	* Insurance Company Name	Policy Number	Phone Number	Amount Received
Add Insurance				

Add Damaged Property

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Disaster Loan Assistance

Federal Disaster Loans for Businesses, Private Nonprofits, Homeowners, and Renters

Application Number: 4000001255



Application Information



Damaged Properties



Debts & Assets



Disclosures



Consent



Additional Comments



Affiliated Businesses

Debts & Assets

DEBTS

I have no debts

Mortgage Holder or Landlord's Name (Primary Residence)

Name	Monthly Payment/Rent	Current Balance
<input type="text"/>	<input type="text"/>	<input type="text"/>

2nd Mortgage Holder Name (if applicable)

Name	Monthly Payment/Rent	Current Balance
<input type="text"/>	<input type="text"/>	<input type="text"/>

Note: Please complete the section below if the amounts are NOT included in your mortgage payment:

Real Estate Taxes (per year)	Homeowner's Insurance (per year)	Condo/Townhome/HOA/Co-Op Fees (per year)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Debt including auto payments, credit cards, installment loans, student loans, etc.

Note: Only include debts that will last longer than 10 months.

*Name of Creditor	*Monthly Payment	Current Balance
<input type="text"/>	<input type="text"/>	<input type="text"/>

Add Debt

ASSETS

Pre-disaster values:

*Cash, Bank Accounts and Marketable Securities (e.g. Stocks & Bonds, CDs, etc.) (Not including retirement accounts)

*Retirement Accounts (e.g. IRAs, Keogh, TSP or other similar accounts)

*Personal Property (furniture, appliances, vehicles, RVs, etc.)

*Primary Residence

All Other Real Estate (describe)

OTHER DISASTER ASSISTANCE

FEMA Registration Number

*Other than FEMA, have you received any grant award (i.e. city grants, county grants, state grants, etc.):

Yes
 No

State Amount

Other Amount

Describe

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Application Information



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DISCLOSURES

The responses below apply to the Applicant and Joint Applicant, if any. Please explain any "Yes" responses.

1. Are you delinquent on any Federal taxes, Federal loans, Federal grants, or 60 days past due on any child support obligation?
2. Are you currently a defendant in any lawsuits or have pending judgements against you?
3. Are you currently suspended or debarred from contracting with Federal government or receiving Federal grants or loans?
4. Do you have federal loans, federally guaranteed loans, or previous SBA loans?
5. Are you engaged in the production or distribution of any product that has been determined to be obscene by a court of competent jurisdiction?
6. In the past year, have you been convicted of a felony committed in connection with a riot or civil disorder?
7. Are you presently, a) subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction; b) have you been arrested in the past six months for any criminal offense; c) for any criminal offense other than a minor vehicle violation -- have you ever: 1) been convicted, 2) plead guilty, 3) plead no lo contendere, 4) been placed on pretrial diversion, or 5) been placed on any form of parole or probation (including probation before judgement)?

BUSINESS ACTIVITY

Business Activity	*Date Business Established	Number of Employees (pre-disaster)
<input type="text"/>	<input type="text"/>	<input type="text"/>

REPRESENTATIVE INFORMATION

If you have paid a representative (packager, attorney, accountant, etc.) to assist you in completing the application, please complete the section below.

Representative Name	Street Address	City	State	Zip	Fee charged or agreed upon
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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CONSENT

I authorize my insurance company, bank, financial institution, or other creditors to release to SBA all records and financial information necessary to process this application.

SBA has my permission, as required by the Privacy Act, to release any information collected in connection with this application to Federal, state, local, tribal or nonprofit organizations (e.g. Red Cross, Salvation Army, Mennonite Disaster Services, SBA Resource Partners) for the purpose of assisting me with my SBA application, evaluating my eligibility for additional disaster assistance, or notifying me of the availability of such assistance.

If my loan is approved, I may be eligible for additional funds to safeguard my property from damages similar to those caused by this disaster. Although it is not necessary for me to provide with my application, a description and cost estimate will be required prior to SBA approval of the mitigation measure.

I have received and read a copy of the "STATEMENTS REQUIRED BY LAWS AND EXECUTIVE ORDERS" which was attached to this application.

CERTIFICATION AS TO TRUTHFUL INFORMATION: By signing this application, you certify that all information in your application and submitted with your application is true and correct to the best of your knowledge, and that you will submit truthful information in the future.

WARNING: Whoever wrongfully misapplies the proceeds of an SBA disaster loan shall be civilly liable to the Administrator in an amount equal to one-and-one half times the original principal amount of the loan under 15 U.S.C. 636(b). In addition, any false statement or misrepresentation to SBA may result in criminal, civil or administrative sanctions including, but not limited to: 1) fines and imprisonment, or both, under 15 U.S.C. 645, 18 U.S.C. 1001, 18 U.S.C. 1014, 18 U.S.C. 1040, 18 U.S.C. 3571, and any other applicable laws; 2) treble damages and civil penalties under the False Claims Act, 31 U.S.C. 3729; 3) double damages and civil penalties under the Program Fraud Civil Remedies Act, 31 U.S.C. 3802; and 4) suspension and/or debarment from all Federal procurement and non-procurement transactions. Statutory fines may increase if amended by the Federal Civil Penalties Inflation Adjustment Act Improvements Act of 2015.

All the information on this application and any documents provided is true to the best of my knowledge and you may rely on it to provide disaster loan assistance. All damages claimed are a direct result of the declared disaster. I understand that I could lose my benefits and could be prosecuted by the U.S. Attorney for making false statements. Reference 18 U.S.C. 1001 and / or 15 U.S.C. 645.

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Exp. 08/31/2021



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Damaged Properties



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Additional Comments

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Affiliated Businesses

Affiliated Businesses

Please complete the affiliate information below for each applicant and/or owner that owns more than 50% of, or are a Managing Partner or General Partner of a corporation, partnership, limited partnership, or LLC.

After you've entered the affiliated business information, click 'Add Affiliated Business' to add additional businesses. Click Next when you have added all affiliated businesses.

Affiliated Business Delete

* Applicant or Owner Name for Affiliate Details

* Business Name	* EIN	* Organization Type	* % Owned	Title
<input type="text"/>	<input type="text" value="-----"/>	<input type="text" value="Select an Option"/>	<input type="text"/>	<input type="text" value="Select an Option"/>

* Address Line 1

Address Line 2

* Zip Code	* City	* State	County
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Add Affiliated Business

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